Приложение 7

к Порядку оказания

медицинской помощи лицам,

содержащимся под стражей

в следственных изоляторах

уголовно-исполнительной системы

(пункт 21)

Рекомендуемый образец

Лист назначений лекарственных препаратов

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Ф.И.О. пациента  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Год рождения  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | № камеры  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Период назначения:  год \_\_\_\_\_\_\_\_\_\_\_\_ месяц \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Наименование лекарственного препарата | Дата назначения, отмены;  Дозировка  Кратность и способ приема | Дата получения | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|  | с \_\_\_\_\_  по\_\_\_\_\_  по \_\_\_ раз (у,а)  в день |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | с \_\_\_\_\_  по\_\_\_\_\_  по \_\_\_ раз (у,а)  в день |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Продолжение приложения 7

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | с \_\_\_\_\_  по\_\_\_\_\_  по \_\_\_ раз (у,а)  в день |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Врач (фельдшер) |  | Дата закрытия листа назначения «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_ г. Подпись медицинского работника \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |